CLAIMS AS	FILED - PART					
TOTAL OLANIA	(Column 1)	(Column 2)	SMALI TYPE	ENTITY	0	THER THAN
TOTAL CLAIMS	11		_		OR SM	IALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA	RAT		R	ATE FEE
TOTAL CHARGEABLE CLAIMS	- 4.1	NOMBER EXTRA	BASIC	EE 375.00	OR BASI	C FEE 750.00
NDEPENDENT CLAIMS		0	X\$ 9	-	OR X\$	18=
ULTIPLE DEPENDENT CLAIM PR	3 minus 3 =	Q	X42=			`
CHOCKI CLAIMPH	ESENT			<del></del>	OR X8	4=
If the difference in column 1 is le	ss than zero, enter	"in only and	+140=		OR +28	iO=  : · · ·
			TOTAL	395	OR TOT	AL .
((Column 1)	ENDED - PART		.•		OT	HER THAN
- CLAIMS	(Column HIGHE	1 2) (Column 3)	Y SMAL	ENTITY	OR SMA	LL ENTITY
REMAINING AFTER	NUMBE PREVIOU	R PRESENT		ADDI-		ADDI-
AMENDMENT	PAID FO		RATE	FEE	RAT	E TIONAL
	inus 21		X\$ 9a			FEE-
	inus	=	V9.03		OR X\$1	8= 1
FIRST PRESENTATION OF MULT	IPLE DEPENDENT C	LAIM T	X42=		OR X84	<b>±</b> :
	-		+140=		.000	
the /			TOTAL		)A +280	
(Column 1)	(Column	D) (D)	ADDIT FEE	استا	P ADDIT. F	TAL EE
CLAIMS REMAINING	HIGHEST			• • • •		
APTER :	NUMBER PREVIOUS	LY	RATE	ADDI-		-ADDI
Total AMENDMENT	PAID FOR	EXIMA	TAILE	TIONAL	RATE	
lediscardos Min	ius in 21	2	X\$ 9=		. Vara	FEE
	us and	2		0	R X\$18	
FIRST PRESENTATION OF MULTI	PLE DEPENDENT CL	AIM;	X42=	0	R: X84=	
			+140=	O	+280=	1 74
			TOTAL			2
(Column 1)	Column 2	)(Column 3)	ADOM: FEE	OI	ADDIT FE	Ē.
REMAINING	HIGHEST NUMBER			· · · · · · · · · · · · · · · · · · ·	: <u>_:                                   </u>	4.51.44
AFTER	PREVIOUSLY	PRESENT EXTRA		ADDI- TONAL	2	ADDIV
otal Minu	PAID:FOR	+		FEE	RATE	TIONAL
doced at		-	X\$ 9=	OR	X\$18=	1.00
	8 ***	= -		- JOH	·	
RST PRESENTATION OF MULTIP	+ DEPENDENT CLA	IM .	X42=	OR	X84=	
e entry in column 1 is less than the entry e "Highest Number Provinces Pain Row	biother a		+140=	OR	+280=	
e "Highest Number Previously Paid For e "Highest Number Previously Paid For "Highest Number Previously Paid For	IN THIS COACE :	column 3. :L	TOTAL	——————————————————————————————————————	TOTAL	